

Examination Date: 24/08/2022

Mrs Michelle Perry
527B CORACK WYCHEPROOF RD
WYCHEPROOF VIC 3527

Page: 1 (cont...)

Referred By: Dr Luke Chen

Dear Mrs Mrs Perry

MRS MICHELLE PERRY DOB: 02/04/1976 Age: 46 Years
527B Corack Wycheproof Rd, WYCHEPROOF 3527

MRI, MRA & MRV BRAIN

Indication

Tinnitus.

Please evaluate for AV dural fistula.

Technique

Multiplanar multisequence imaging was performed through the brain.
Axial 3D TOF and post-processing MIP projections were performed.
Images were performed on a 3.0 Tesla MRI scanner.

Report

MRI Brain:

There are approximately six areas of T2 and FLAIR hyperintensity noted involving corona radiata and centrum semiovale.

These involve primarily the frontal lobes.

There is no involvement of the corpus callosum.

There is minor T2 and FLAIR hyperintensity noted involving the pons; seen more in a left paramedian location.

The pituitary fossa is unremarkable.

The cerebellum is of reassuring appearance.

The 7th and 8th nerve complexes are unremarkable.

Cochlea, vestibule and semicircular canals are unremarkable.

The 5th cranial nerves are normal.

There is normal signal flow void within the intracranial circulation.

The mastoid air cells are well pneumatized.

There is no evidence of blood products to suggest an intra or extraaxial bleed.

There is no restricted diffusion to suggest an acute infarct.

MRA Brain:

The anterior circulation appears to be of normal course and calibre.

The left vertebral artery is dominant.

The posterior circulation is patent. Images online go to <https://pacs.highstxray.com.au> or phone 5441 9999

There are no findings to suggest aneurysmal dilatation or occlusion.

Incidentally, the left posterior cerebral artery is supplied by PCOM.

MRV Brain:

There is a normal appearance to the venous circulation.

There are no findings to suggest stenosis and/or occlusion.

I cannot identify a venous malformation and/or venous angioma.

IMPRESSION

1. Non-specific T2 and FLAIR hyperintensities are noted in the deep white matter. Differential would include migrainous changes and if there were risk factors, small vessel / ischaemic changes. The pattern is not characteristic for demyelination.

2. No restricted diffusion to suggest an acute infarct.

3. The 7th and 8th nerve complexes as well as petrous temporal bones are unremarkable.

4. No findings to suggest stenosis and/or occlusion.

MRI WHOLE SPINE

Indication

Tinnitus.

Please evaluate for AV dural fistula.

Technique

Multiphase multisequence imaging was performed through the whole spine. Images were performed on a 3.0 Tesla MRI scanner.

Report

MRI Cervical Spine:

There is straightening of the cervical spine.
I cannot identify abnormal signal intensity within the cord.

There is mild heterogeneity on the sagittal images, however this can be reproduced on the axial images.

Minor degenerative disc and facet joint change are noted.

No central canal or neuroforaminal stenosis.

MRI Thoracic Spine:

The cord appears to be of normal size, contour and signal intensity with the conus medullaris at the T12 level.

There is a small disc protrusion / extrusion noted at T8/9.
There is no central canal or neuroforaminal stenosis.

Evaluation of the paraspinal soft tissues is unremarkable.

Report to:
Report for:

Mrs Michelle Perry
MRS MICHELLE PERRY

Page: 3

MRI Lumbar Spine:

There is normal alignment of the lumbar spine.

Evaluation of the lumbar spine does not demonstrate a disc protrusion or extrusion.

I cannot confirm central canal or neuroforaminal stenosis.

Evaluation of the paraspinal soft tissues are unremarkable.

IMPRESSION

1. No findings to suggest central canal or neuroforaminal stenosis involving the lumbar spine.

Thank you for referring Mrs Perry

Yours sincerely,

DR DAVID ARTHUR MCKENNA

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Typist: JT